

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL098-204	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/22/2021
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NAME OF PROVIDER OR SUPPLIER KYSEEM'S UNITY GROUP HOME, LLC #5	STREET ADDRESS, CITY, STATE, ZIP CODE 304 CLYDE AVEUE NORTH WILSON, NC 27893
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V 000	<p>INITIAL COMMENTS</p> <p>An annual, follow up and complaint survey was completed on April 22, 2021. The complaint was substantiated (Intake #NC00174870). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p>	V 000		
V 111	<p>27G .0205 (A-B) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to:</p> <ol style="list-style-type: none"> (1) the client's presenting problem; (2) the client's needs and strengths; (3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission; (4) a pertinent social, family, and medical history; and (5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs. <p>(b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented.</p>	V 111		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 111	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview the facility failed to complete an admission assessment prior to the delivery of services for 3 of 3 clients (#1 #2 & #3). The findings are:</p> <p>Review on 4/16/21 of Client #1's record revealed: -21 year old female. -Admission date 2/2/21 -Diagnoses of Intellectual Developmental Disorder-Mild; Hx. Of Major Depression Disorder; Apert Syndrome. -No completed "Admission Assessment."</p> <p>Review on 4/16/21 of Client #2's record revealed: -29 year old female. -Admission date of 1/7/21. -No documented diagnoses. -No completed "Admission Assessment."</p> <p>Review on 4/16/21 and 4/22/21 of Client #3's record revealed: -26 year old female. -Admission date of 10/30/20. -Diagnoses of Bipolar Type 1 and Personality Disorder . -No completed "Admission Assessment."</p> <p>During interviews on 4/13/21 and 4/22/21 the Licensee stated that psychological evaluations are scheduled and will be completed soon and</p>	V 111		

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V 111	Continued From page 2 were required before delivery of services.	V 111		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include:</p> <ol style="list-style-type: none"> (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained. <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the</p>	V 112		

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V 112	<p>Continued From page 3</p> <p>facility failed to develop and implement crisis prevention plan and intervention strategies for 1 of 3 audited clients (#3). The findings are:</p> <p>Review on 4/14/21 and 4/21/21 of the North Carolina Incident Response Improvement System (IRIS) report for Client #3 revealed: -Date of incident: 4/11/21. -Time of incident: 4:30pm -Aggressive Behavior. -"Describe the cause of this incident, (the details of what led to this incident). The client was upset, could not be redirected, and became very aggressive physically and verbally." -"Describe how this type of incident may have been prevented or may be prevented in the future as well as any corrective measures that have been or will be put in place as a result of the incident. Ongoing discussion will be had to be able to put up on early cues that may indicate build-up aggression, hopefully, this will prevent another incident like this."</p> <p>Finding #1 Review on 4/16/21 and 4/22/21 of client #3's record revealed: -26 year old female. -Admission date of 10/30/20. -Diagnoses of Bipolar Type 1 and Personality Disorder.</p> <p>Review on 4/16/21 and 4/22/21 of client #1's Person-Centered Plan (PCP) revealed: -PCP completed on 10/28/20. -"Add What's Working/What's Not Working... [Client #3] does not enjoy...having little to no contact with family..." -"What (Short Range Goal) [Client #3] Will continue to improve her Activities of Daily as evidenced by learning to independently complete</p>	V 112		

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V 112	<p>Continued From page 4</p> <p>her personal care skills, meal preparation and house chores... How (Support/Intervention) 1. [Client #3] will brush her teeth completely... 2. [Client #3] will assist staff with preparing 1 basic meal... 3 [Client #3] will learn to efficiently clean her room and her daily chores... 4. [Client #3] will complete her personal care regimen such as bathing, dressing and grooming..."</p> <p>- "What (Short Range Goal) While in the home and in the community, [Client #1] participate in at least 2 group events... How (Support/Intervention) 1. [Client] #3 will participate in activities which will engage her in exhibiting learned social and communication skills..."</p> <p>- "What (Short Range Goal) [Client #3] will increase and utilize effective coping skills... How (Support/Intervention) [Client #3] will learn to implement calming strategies as part of managing reactions to frustration..."</p> <p>- "What (Short Range Goal) [Client #3] will express herself verbally instead of crying... How (Support/Intervention) [Client #3] will learn to implement calming strategies as part of managing reactions to frustration..."</p> <p>- No goal to address aggression towards others.</p> <p>- "Crisis Prevention and Intervention Plan (Significant event(s) that may create increased stress and trigger the onset of a crisis) ...Describe what one may observe when the person goes into crisis... no strategies listed; (Crisis prevention and early intervention strategies that were effective) List everything that can be done to help this person AVOID a crisis- no details listed; (Strategies for crisis response and stabilization)...List everything you know that has worked to help this person to become stable"- no strategies listed.</p> <p>- PCP had no goals or strategies to address Client #3's aggressive behavior towards staff.</p>	V 112		

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V 112	<p>Continued From page 5</p> <p>Client #3 was unavailable for interview due to admission to mental health facility.</p> <p>Interview on 4/22/21 the Licensee stated: -Client #3 had been upset because she wanted to see her mother. -Client #3 had required interventions for aggressive behaviors. -He would ensure the hospital changed Client #3's medication prior if she returned to the facility. -He would ensure Client #3's treatment plan was updated if she returned to the facility.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 112		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p>	V 114		

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V 114	<p>Continued From page 6</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to hold fire and disaster drills quarterly on each shift. The findings are:</p> <p>Review of fire and disaster drills from 8/1/20 - 3//31/21 revealed:</p> <p>Fire -Quarter 2: 8/1/20 - 10/31/20: -No 7:00am - 7:00pm fire drills. -No 7:00pm - 7:00am fire drills.</p> <p>Disaster -Quarter 2: 8/1/20 - 10/31/20: -No 7:00pm - 7:00am disaster drills. -Quarter 3: 11/1/20 - 1/31/21 -No 7:00am - 7:00pm disaster frills. -No 7:00pm - 7:00am disaster drills</p> <p>Interview on 4/13/21 Client #1 stated: -She had been there about 2 months. -No fire drills had occurred since she came there.</p> <p>Client #2 unable to interview due to her diagnosis.</p> <p>Interview on 4/13/21 Staff # 1 stated: -She had worked for the facility since its first admission. -She had worked first shift. -Fire drills had been completed weekly. -The meeting point for fire drills had been at the curb in the front yard. -They went to the bathroom for tornado drills.</p> <p>Interview on 4/13/21 Staff #2 stated: -She had worked at the facility since October 2020. -Fire drills had been done periodically.</p> <p>Interview on 4/13/21 the Licensee stated:</p>	V 114		

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V 114	Continued From page 7 -The facility operated on 2 shifts that were 1st shift 7:00 am - 7:00 pm and 2nd shift 7:00 pm - 7:00 am. -A client was not admitted to the facility until August 2020. -He had provided all completed fire and disaster drills to the surveyor for review. -He understood the fire and disaster drills were to be completed each quarter and on each shift.	V 114		
V 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files. This Rule is not met as evidenced by: Based on record reviews and interview the facility failed to complete Health Care Personnel Registry (HCPR) check prior to hire for 2 of 4 staff (#2 and #3). The findings are: Review on 4/14/21 of Staff #2's personnel record revealed: -Hire date of 3/2/20 -HCPR check completed 10/5/20 Review on 4/24/32 of Staff #3's personal record	V 131		

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V 131	Continued From page 8 revealed: -Hire date of 7/18/20 -HCPR check completed 1/12/21 During interview on 4/22/21 the Licensee stated: -Staff #2's start date was 10/7/20. -Staff #3's start date was 1/13/21 -He understood the HCPR check was required to be completed prior to hire.	V 131		
V 289	27G .5601 Supervised Living - Scope 10A NCAC 27G .5601 SCOPE (a) Supervised living is a 24-hour facility which provides residential services to individuals in a home environment where the primary purpose of these services is the care, habilitation or rehabilitation of individuals who have a mental illness, a developmental disability or disabilities, or a substance abuse disorder, and who require supervision when in the residence. (b) A supervised living facility shall be licensed if the facility serves either: (1) one or more minor clients; or (2) two or more adult clients. Minor and adult clients shall not reside in the same facility. (c) Each supervised living facility shall be licensed to serve a specific population as designated below: (1) "A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses; (2) "B" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses; (3) "C" designation means a facility which serves adults whose primary diagnosis is a	V 289		

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V 289	<p>Continued From page 9</p> <p>developmental disability but may also have other diagnoses;</p> <p>(4) "D" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses;</p> <p>(5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or</p> <p>(6) "F" designation means a facility in a private residence, which serves no more than three adult clients whose primary diagnoses is mental illness but may also have other disabilities, or three adult clients or three minor clients whose primary diagnoses is developmental disabilities but may also have other disabilities who live with a family and the family provides the service. This facility shall be exempt from the following rules: 10A NCAC 27G .0201 (a)(1),(2),(3),(4),(5)(A)&(B); (6); (7) (A),(B),(E),(F),(G),(H); (8); (11); (13); (15); (16); (18) and (b); 10A NCAC 27G .0202(a),(d),(g)(1) (i); 10A NCAC 27G .0203; 10A NCAC 27G .0205 (a),(b); 10A NCAC 27G .0207 (b),(c); 10A NCAC 27G .0208 (b),(e); 10A NCAC 27G .0209[(c)(1) - non-prescription medications only] (d)(2),(4); (e) (1)(A),(D),(E);(f);(g); and 10A NCAC 27G .0304 (b)(2),(d)(4). This facility shall also be known as alternative family living or assisted family living (AFL).</p> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to meet the scope of the license by admitting an individual without a primary</p>	V 289		

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V 289	<p>Continued From page 10</p> <p>diagnosis of a developmental disability. The findings are:</p> <p>Review on 4/13/21 of the facility's license revealed it was licensed as a 10A NCAC 27G .5600C Supervised Living For Adults With Developmental Disabilities.</p> <p>Review on 4/16/21 of Client #1's record revealed: -21 year old female. -Admission date 2/2/21 -Intellectual Developmental Disorder-Mild; History Of Major Depression Disorder; Apert Syndrome. -No completed "Admission Assessment" identifying a primary diagnosis of a developmental disability.</p> <p>Review on 4/16/21 of Client #2's record revealed: -29 year old female. -Admission date of 1/7/21. -No documented diagnoses. -No completed "Admission Assessment" identifying a primary diagnosis of a developmental disability.</p> <p>Review on 4/14/21 of Client #3's record revealed: -26 year old female admitted 10/20/20. -Diagnoses included Bipolar Type 1 and Personality Disorder on a FL2 that was not signed or dated. -A "History and Psychiatric Evaluation (Psychiatric and Medical Diagnosis): Bipolar Disorder Type I; Depressed-Severe with personality Disorder -No completed "Admission Assessment" identifying a primary diagnosis of a developmental disability.</p> <p>Interview on 4/22/2020 the Licensee stated: -A psychological evaluation had been scheduled for all Client's.</p>	V 289		

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V 289	Continued From page 11 -He understood that individuals had to have a primary diagnosis of a developmental disability for admission under the facility's current license.	V 289		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on observation and interviews, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are:</p> <p>Observations on 04/13/21 of the facility at approximately 12:45pm revealed: -Client #1's 5 drawer chest had a knob missing from the top drawer. -Hallway ceiling air register covered in heavy dust. -An approximately 1 inch square shaped hole in the kitchen door. -Bathroom had vent cover with multiple rust spots, white paint chipping around the top of the bathtub; white paint chipping inside the floor of the bathtub and linoleum lifting around the shoe molding along the base of the bathtub.</p> <p>During interview on 04/22/21 the Licensee stated: -He would check on the chipping paint and other</p>	V 736		

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V 736	Continued From page 12 issues in the facility.	V 736		